

# TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED <input type="checkbox"/> DNA  SUBJECT INFORMATION	1. DATE OF INCIDENT 13-SEP-2014	TIME 22:12:00	2. ADDRESS OF OCCURRENCE 2349 W LAKE ST CHICAGO, IL 60612	3. LOCATION CODE 304	4. BEAT/OCCUR 1223			
	5. POSITION 9161	6. LAST NAME WESSELHOFF	7. FIRST NAME MARK E	8. STAR NO 19931	9. SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	10. RACE CODE WHI	11. AGE 601	12. HT. 175
	14. DATE OF APPT 06-MAY-1996	15. EMPLOYEE NO [REDACTED]	16. UNIT & BEAT OF ASSIGNMENT 311 6744B	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		
	20. LAST NAME FORD	21. FIRST NAME DENZEL	22. M.F. [REDACTED]	23. SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	24. RACE BLK	25. D.O.B. [REDACTED]	26. HT. 600	27. WT. 220
	28. ADDRESS [REDACTED]	29. TELEPHONE NO. [REDACTED]	30. WAS SUBJECT ARMED VEHICLE - OFFICER STRUCK WITH VEHICLE? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No			
	33. WHERE WAS MEDICAL TREATMENT OBTAINED? COOK COUNTY HOSPITAL - STROGER HOS	34. BY WHOM?	35. CONDITION <input checked="" type="checkbox"/> 03 Hospitalized	36. APPARENTLY NORMAL <input type="checkbox"/> 01 Apparently Normal	37. NOT HOSPITALIZED <input type="checkbox"/> 04 Not Hospitalized	38. REFUSED MEDICAL AID <input type="checkbox"/> 05 Refused Medical Aid		
	39. CHARGES PLACED	[REDACTED]	DNA	37. CRIMINAL NUMBER 18974714	IR NO	DNA		
	40. USE OF FORCE (Check all that apply)							
	SUBJECT'S ACTIONS	PASSIVE RESISTER DID NOT FOLLOW VERBAL DIRECTION STIFFENED (DEAD WEIGHT) OTHFR _____	ACTIVE RESISTER FLED PULLED AWAY OTHER _____	ASSAULTANT ASSAULT IMMINENT THREAT OF BATTERY OTHER _____	ASSAULTANT BATTERY ATTACK WITH WEAPON ATTACK WITHOUT WEAPON OTHER _____	ASSAULTANT DEADLY FORCE USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODY HARM WEAPON OTHER _____		
	MEMBER'S RESPONSE	MEMBER PRESENCE VERBAL COMMANDS ESCORT HOLDS WRISTLOCK ARMBAR PRESSURE SENSITIVE AREAS CONTROL INSTRUMENT OC/CHMICAL WEAPON W/AUTHORIZATION OTHER _____	OPEN HAND STRIKE TAKE DOWN / EMERGENCY HANDCUFFING OC CHEMICAL WEAPON CANINE TASER (Probe Discharge) TASER (Contact Slim) TASER (Laser Targeted) TASER (Spark Displayed) OTHER _____	ELBOW STRIKE CLOSED HAND STRIKE/PUNCH IMPACT WEAPON (Describe in Box 40) IMPACT MUNITION (Describe in Box 40) OTHER _____	KNEE STRIKE KICKS IMPACT MUNITION (Describe in Box 40) OTHER _____	FIREARM OTHER _____		
41. OC/CHMICAL WEAPON AUTHORIZED BY (NAME)	40. ADDITIONAL INFORMATION OFFENDER RAMMED MEMBERS VEHICLE WHICH THEN STRUCK MEMBER CAUSING INJURY.							
POSITION	STAR NO.	UNIT	42. INCIDENT OCCURRED Indoors <input checked="" type="checkbox"/> Outdoors	43. LIGHTING CONDITIONS 01 Daylight 02 N IN <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial 06 Good Artificial	44. WEATHER CONDITIONS CLEAR			
45. WEAPON TYPE 01 REVOLVER 02 RIFLE 03 SHOTGUN 07 OTHER	46. MAKE/MANUFACTURER	47. MODEL	48. BARREL LENGTH	49. CALIBER/GAUGE				
50. TASER DART ID NO	51. WEAPON SERIAL NO (Include Letters)	52. CHICAGO R.I.N REG. NO	53. IL FIREARM OWNER ID. NO.	54. HANDGUN CERTIFICATE NO.				
55. SPECIAL WEAPON CERTIFICATE NO.	56. PROPERTY INVENTORY NO.	57. TYPE OF AMMUNITION USED	58. NO. OF WEAPONS DISCHARGED BY THIS MEMBER	59. TOTAL NO. OF SHOTS FIRED				
60. WHO FIRED FIRST SHOT 01 MEMBER <input type="checkbox"/> 02 OFFENDER	61. WAS FIREARM RELOADED DURING INCIDENT 03 YES <input type="checkbox"/> 02 NO	62. NO. OF CATCHRODGES/SHOT SHELLS RELOADED 01 RT SIDE (WAIST) <input type="checkbox"/> 02 LT SIDE (WAIST)	63. HOW WAS MEMBER'S HANDGUN WORN 03 OTHER (Specify) 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW	64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD	65. DID MEMBER USE SIGHTS 01 YES <input type="checkbox"/> 02 NO			
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)	67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED 01 0 - 5 FT. <input type="checkbox"/> 02 6 - 10 FT <input type="checkbox"/> 03 10 - 15 FT <input type="checkbox"/> 04 OVER 15 FT							
68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN	69. POSITION OF MEMBER DISCHARGING WEAPON 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)							
70. NOTIFICATIONS (OC OR TASER INCIDENT): 01 OEMC <input type="checkbox"/> 02 DESK SGT.& W.C./DIST. OF OCCUR. NOTIFICATIONS (FIREARM INCIDENT): 01 OEMC <input type="checkbox"/> 02 DESK SGT.& W.C./DIST. OF OCCUR. <input type="checkbox"/> 03 OP COMMAND <input type="checkbox"/> 04 DET. DIV Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.								
71. REPORTING MEMBER (Print Name) FORBES JR, TERENCE P 14-SEP-2014 03:57:34	STAR/EMPLOYEE NO 1432	SIGNATURE [REDACTED]						
72. REVIEWING SUPERVISOR (Print Name) RYAN, JOHN C	STAR NO. 377	SIGNATURE [REDACTED]	DATE REVIEWED 14-SEP-2014 03:59:47	TIME 14-SEP-2014 03:59:47				
Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.								

1425616167  
R. EVENT NO.

HX427436  
R. RDNG

1071524  
#2S

## WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR 3) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING, 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STems FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

### 76. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

DNA

REFUSED

UNABLE TO INTERVIEW (Specify Reason)

Subject is hospitalized and not available to be interviewed.

### 76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

Based on the information available at the time of this report, it is the preliminary determination of the undersigned that Ofc. Wesselhoff, Mark #19931, acted in compliance with Department Policy. Ofc. Wesselhoff was knocked to the ground, when offender Ford, Denzel IR#2078314, rammed his vehicle into Ofc. Wesselhoff's vehicle which in turn struck Ofc. Wesselhoff. Ford then reversed his vehicle ramming a second vehicle in and attempt to flee. Ofc. Wesselhoff was on the ground and unable to move and in the direct path of Fords only escape route thus placing him in fear of his life Log#1071524 U#14-31

### 77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED

LOG NO/CRN# 1071524 OBTAINED

### 78. WATCH COMMANDER/OCIC (Print Name)

RUIZ, BERSCOTT F

SIGNATURE

DATE COMPLETED

TIME

14-SEP-2014 04:34:53

### 79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS

ATTACHMENTS - PHOTOCOPIES OF:	<input type="checkbox"/> SUPPLEMENTARY REPORT <input type="checkbox"/> CASE REPORT <input type="checkbox"/> ARREST REPORT	<input type="checkbox"/> I.O.D. REPORT <input checked="" type="checkbox"/> OFFICER BATTERY REPORT <input type="checkbox"/> TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)	BU TOTAL TRRs THIS EVENT No 3
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#25